

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>69611 687</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	IFW	9/20/04	\$ 1460. ⁰⁰							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1460. ⁰⁰							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>2</td><td>--</td><td>2</td><td>8</td><td>6</td><td>5</td></tr></table>			0	2	--	2	8	6	5
0	2	--	2	8	6	5					
10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>no fee for reconsideration request</u>											
<u>1375 moot</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Derek L. Woods</u>		TITLE: <u>Attorney Advisor</u>									
SIGNATURE: <u>Derek L. Woods</u>		PHONE: <u>571-272-3232</u>									
OFFICE: <u>Revisions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/17/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

Adjustment Date: 11/17/2004
 09/21/2004 SSESHE1 00000002 022565
 01 FC:1453
 02 FC:1460